



**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement  
210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Statements

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Statements. This form must be signed by hand where a signature is required.**

| Name of Filing Committee, Candidate, or Lobbyist                                  |  |  |  |   |
|---|--|--|--|---|
| Celeste Dee   |  |  |  |   |
| Reporting Cycle Name  |  |  |  |   |
| <input type="checkbox"/> <b>Cycle 1</b><br>6 <sup>th</sup> Tuesday<br>Pre-Primary | <input type="checkbox"/> <b>Cycle 2</b><br>2 <sup>nd</sup> Friday<br>Pre-Primary | <input checked="" type="checkbox"/> <b>Cycle 3</b><br>30 Day<br>Post Primary           | <input type="checkbox"/> <b>Cycle 4</b><br>6 <sup>th</sup> Tuesday<br>Pre-Election | <input type="checkbox"/> <b>Cycle 5</b><br>2 <sup>nd</sup> Friday<br>Pre-Election |
| <input type="checkbox"/> <b>Cycle 6</b><br>30 Day Post-Election                   | <input type="checkbox"/> <b>Cycle 7</b><br>Annual Report                         | <input type="checkbox"/> <b>Cycle 8</b><br>2 <sup>nd</sup> Friday Pre-Special Election | <input type="checkbox"/> <b>Cycle 9</b><br>30 Day Post-Special Election            |   |

**Part I** – If this form is submitted with a statement in lieu of full report by a political committee, the treasurer must sign here. If this form is submitted with a statement in lieu of a full report by a candidate, the candidate must sign here. If this form is submitted with a statement in lieu of full report by a contributing lobbyist, the lobbyist must sign here.



COMMONWEALTH OF PENNSYLVANIA  
**CAMPAIGN FINANCE STATEMENT**

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

|  |  |                           |   |                         |                        |      |
|--|--|---------------------------|---|-------------------------|------------------------|------|
| FILER IDENTIFICATION NUMBER                                    |  | REPORT FILED ON BEHALF OF | CANDIDATE <sup>1.</sup> <input checked="" type="checkbox"/> | COMMITTEE <sup>2.</sup> | LOBBYIST <sup>3.</sup> |      |
| NAME OF FILING COMMITTEE, CANDIDATE OR LOBBYIST<br>Celeste Dee |  |                           |   |                         |                        |      |
| STREET ADDRESS<br>305 Prospect Ave Unit 311                    |  |                           |   |                         |                        |      |
| CITY<br>Bethlehem  |  | STATE<br>PA               | ZIP CODE<br>18018   |                         |                        |      |
| TYPE OF REPORT (CHECK ONE)                                     | NAME OF OFFICE SOUGHT BY CANDIDATE<br>Bethlehem City Council | DISTRICT NO.              | PARTY<br>Dem  | DATE OF ELECTION        |                        |      |
|  |  |                           |   | MO.                     | DAY                    | YEAR |
| 6TH TUESDAY PRE-PRIMARY  | 1.   |                           |   | 5                       | 16                     | 2023 |
| 2ND FRIDAY PRE-PRIMARY   | 2.   |                           |   |                         |                        |      |
| 30 DAY POST-PRIMARY  | 3.   |                           |   |                         |                        |      |
| 6TH TUESDAY PRE-ELECTION                                       | 4.   |                           |   |                         |                        |      |
| 2ND FRIDAY PRE-ELECTION  | 5.   |                           |   |                         |                        |      |
| 30 DAY POST-ELECTION   | 6.   |                           |   |                         |                        |      |
| ANNUAL REPORT  | 7.   |                           |   |                         |                        |      |

|                           |     |      |     |     |      |
|---------------------------|-----|------|-----|-----|------|
| DATES OF REPORTING PERIOD |     | TO   |     |     |      |
| MO.                       | DAY | YEAR | MO. | DAY | YEAR |
| 05                        | 01  | 23   | 06  | 05  | 23   |

|  |         |
|--|---------|
| CASH BALANCE AT END OF REPORTING PERIOD:   | \$ 0.00 |
| TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILITIES AT THE END OF REPORTING PERIOD: | \$ 0.00 |

|                     |     |  |    |                                     |
|---------------------|-----|--|----|-------------------------------------|
| AMENDMENT REPORT?   | YES |  | NO | <input checked="" type="checkbox"/> |
| TERMINATION REPORT? | YES |  | NO | <input checked="" type="checkbox"/> |

**AFFIDAVIT SECTION**

**PART I -**

If statement is filed on behalf of a Political Committee or Candidates's Committee, the Treasurer must sign here.  
 If statement is filed on behalf of a Candidate, the Candidate must sign here.  
 If statement is filed on behalf of a Contributing Lobbyist, the Lobbyist must sign here.

attached to this statement. This statement and all attachments are true and correct. I have not received any contributions or other funds during the reporting period indicated above that were not reported on this statement.





**Pennsylvania Department of State**

Bureau of Campaign Finance & Lobbying Disclosure  
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

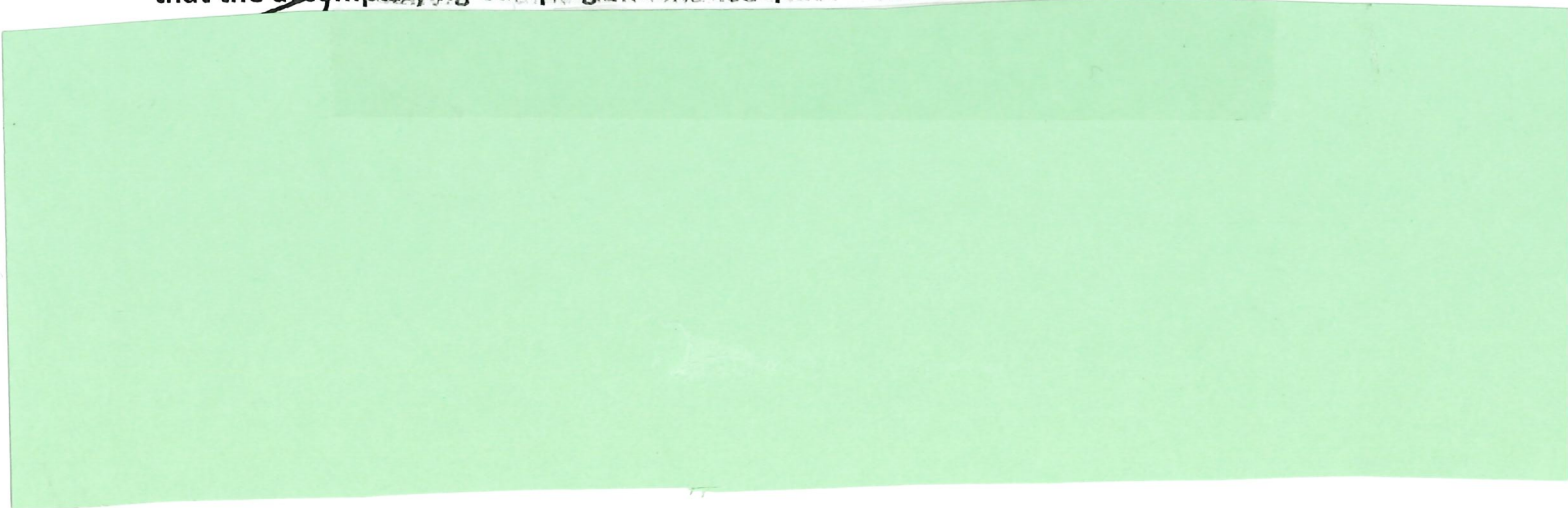
## Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

**Note:** Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). **This particular form is to be used only for Campaign Finance Reports.** This form must be signed by hand where a signature is required.

| Name of Filing Committee, Candidate, or Lobbyist                                  |  |  |  |   |
|---|--|--|--|---|
| Dee for Bethlehem   |  |  |  |   |
| Reporting Cycle Name  |  |  |  |   |
| <input type="checkbox"/> <b>Cycle 1</b><br>6 <sup>th</sup> Tuesday<br>Pre-Primary | <input type="checkbox"/> <b>Cycle 2</b><br>2 <sup>nd</sup> Friday<br>Pre-Primary | <input checked="" type="checkbox"/> <b>Cycle 3</b><br>30 Day<br>Post Primary           | <input type="checkbox"/> <b>Cycle 4</b><br>6 <sup>th</sup> Tuesday<br>Pre-Election | <input type="checkbox"/> <b>Cycle 5</b><br>2 <sup>nd</sup> Friday<br>Pre-Election |
| <input type="checkbox"/> <b>Cycle 6</b><br>30 Day Post-Election                   | <input type="checkbox"/> <b>Cycle 7</b><br>Annual Report                         | <input type="checkbox"/> <b>Cycle 8</b><br>2 <sup>nd</sup> Friday Pre-Special Election | <input type="checkbox"/> <b>Cycle 9</b><br>30 Day Post-Special Election            |   |

**Part I** - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.





**Pennsylvania Department of State**

Bureau of Campaign Finance & Civic Engagement  
500 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4)  
[www.dos.pa.gov/campaignfinance](http://www.dos.pa.gov/campaignfinance) • [ra-stcampaignfinance@pa.gov](mailto:ra-stcampaignfinance@pa.gov)

*Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.*

**I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.**

\_\_\_\_\_

Signature of Treasurer, Candidate, or Lobbyist

Celeste Dee

Printed Name

6/15/23

\_\_\_\_\_

Date (MM/DD/YYYY)

Bethlehem/PA/USA

Location (City/State/Country)

## Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

|   |           |                          |                          |           |                          |           |                                     |          |                          |
|---|-----------|--------------------------|--------------------------|-----------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number                     |           | Report Filed By (Mark X) | <input type="checkbox"/> | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist |           | Dee for Bethlehem        |                          |           |                          |           |                                     |          |                          |
| Street Address                                  |           | 305 Prospect Ave         |                          |           |                          |           |                                     |          |                          |
| City  | Bethlehem | State                    | PA                       | Zip Code  | 18018                    |           |                                     |          |                          |

Type of Report (Place x under report type)

| 1- 6 <sup>th</sup> Tuesday Pre-Primary | 2- 2 <sup>nd</sup> Friday Pre-Primary | 3- 30 Day Post Primary   | 4- 6 <sup>th</sup> Tuesday Pre- Election | 5- 2 <sup>nd</sup> Friday Pre- Election | 6- 30 Day Post Election  | 7- Annual                | Special 2 <sup>nd</sup> Friday Pre-Election | Special 30 Day Post-Election |
|--|---------------------------------------|--------------------------|--|---|--------------------------|--------------------------|---|------------------------------|
| <input type="checkbox"/>               | <input checked="" type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                    | <input type="checkbox"/>     |
| Date Of Election (MM/DD/YYYY)          |                                       | 05/16/23                 | Year                                     | 2023                                    | Amendment Report         | <input type="checkbox"/> | Termination Report                          | <input type="checkbox"/>     |

| Summary of Receipts and Expenditures                           | From Date | To Date  | For Office Use Only |
|--|-----------|----------|---------------------|
|  | 5/2/23    | 6/5/2023 |                     |
| A. Amount Brought Forward From Last Report                     | \$        | 2,920.77 |                     |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$        | 250.00   |                     |
| C. Total Funds Available (Sum of Lines A and B)                | \$        |          |                     |
| D. Total Expenditures (From Schedule III)                      | \$        | 2920.00  |                     |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$        | 250.77   |                     |
| F. Value of In-Kind Contributions Received (From Schedule II)  | \$        | 0.00     |                     |
| G. Unpaid Debts and Obligations (From Schedule IV)             | \$        | 0.00     |                     |

**Affidavit Section**

Part 1- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn

My

Part

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 6, 1907 (P.S. 1000, 100.520) as amended.

SCHEDULE I  
**Contributions and Receipts**  
 Detailed Summary Page

|                                    |                   |
|------------------------------------|-------------------|
| <b>Filer Identification Number</b> | Dee for Bethlehem |
|------------------------------------|-------------------|

|   |     |           |
|---|-----|-----------|
| <b>1. Unitemized Contributions and Receipts-\$ 50.00 or Less per Contributor</b>  |     |           |
| Total for the reporting period  | (1) | \$ 0.00   |
| <b>2. Contributions of \$ 50.01 to \$ 250.00 (From Part A and Part B)</b>   |     |           |
| Contributions Received from Political Committees (Part A)   |     | \$ 0.00   |
| All Other Contributions (Part B)  |     | \$ 250.00 |
| Total for the reporting period  | (2) | \$ 250.00 |
| <b>3. Contributions Over \$ 250.00 (From Part C and Part D)</b>   |     |           |
| Contributions Received from Political Committees (Part C)   |     | \$ 0.00   |
| All Other Contributions (Part D)  |     | \$        |
| Total for the reporting period  | (3) | \$        |
| <b>4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)</b>  |     |           |
| Total for the reporting period  | (4) | \$ 250.00 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> |     | \$        |



**PART B**  
**All Other Contributions**

§ 50.01 TO § 250

Use this Part to itemize all other contributions with an aggregate value from  
§ 50.01 TO § 250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

|                              |                   |
|------------------------------|-------------------|
| Filer Identification Number: | Dee for Bethlehem |
|------------------------------|-------------------|

|                          |           |                |       |                  |          |                   |                   |        |
|--------------------------|-----------|----------------|-------|------------------|----------|-------------------|-------------------|--------|
| Full Name of Contributor |           | John Callahan  |       |                  |          | Date [MM/DD/YYYY] | \$                | 250.00 |
|                          |           |                |       |                  |          | 5/17/23           |                   |        |
| House #                  |           | Street Address |       | Bierys Bridge Rd |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| City                     | Bethlehem |                | State | PA               | Zip Code | 18015             | Date [MM/DD/YYYY] | \$     |
|                          |           |                |       |                  |          |                   |                   |        |
| Full Name of Contributor |           |                |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| House #                  |           | Street Address |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| City                     |           |                | State |                  | Zip Code |                   | Date [MM/DD/YYYY] | \$     |
|                          |           |                |       |                  |          |                   |                   |        |
| Full Name of Contributor |           |                |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| House #                  |           | Street Address |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| City                     |           |                | State |                  | Zip Code |                   | Date [MM/DD/YYYY] | \$     |
|                          |           |                |       |                  |          |                   |                   |        |
| Full Name of Contributor |           |                |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| House #                  |           | Street Address |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| City                     |           |                | State |                  | Zip Code |                   | Date [MM/DD/YYYY] | \$     |
|                          |           |                |       |                  |          |                   |                   |        |
| Full Name of Contributor |           |                |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| House #                  |           | Street Address |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| City                     |           |                | State |                  | Zip Code |                   | Date [MM/DD/YYYY] | \$     |
|                          |           |                |       |                  |          |                   |                   |        |
| Full Name of Contributor |           |                |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| House #                  |           | Street Address |       |                  |          | Date [MM/DD/YYYY] | \$                |        |
|                          |           |                |       |                  |          |                   |                   |        |
| City                     |           |                | State |                  | Zip Code |                   | Date [MM/DD/YYYY] | \$     |
|                          |           |                |       |                  |          |                   |                   |        |



PART C  
**Contributions Received From Political Committees**

Over \$ 250.00

Use this Part to itemize only contributions received from Political Committees  
with an aggregate value over \$ 250.00 in the reporting period.

|                              |                   |
|------------------------------|-------------------|
| Filer Identification Number: | Dee for Bethlehem |
|------------------------------|-------------------|

|                                     |                |  |          |                   |                   |    |    |
|-------------------------------------|----------------|--|----------|-------------------|-------------------|----|----|
| Full Name of Contributing Committee |                |  |          |                   | Date [MM/DD/YYYY] | \$ |    |
| House #                             | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |    |
| City                                | State          |  | Zip Code |                   | Date [MM/DD/YYYY] |    | \$ |
| Full Name of Contributing Committee |                |  |          |                   | Date [MM/DD/YYYY] | \$ |    |
| House #                             | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |    |
| City                                | State          |  | Zip Code |                   | Date [MM/DD/YYYY] |    | \$ |
| Full Name of Contributing Committee |                |  |          |                   | Date [MM/DD/YYYY] | \$ |    |
| House #                             | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |    |
| City                                | State          |  | Zip Code |                   | Date [MM/DD/YYYY] |    | \$ |
| Full Name of Contributing Committee |                |  |          |                   | Date [MM/DD/YYYY] | \$ |    |
| House #                             | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |    |
| City                                | State          |  | Zip Code |                   | Date [MM/DD/YYYY] |    | \$ |
| Full Name of Contributing Committee |                |  |          |                   | Date [MM/DD/YYYY] | \$ |    |
| House #                             | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |    |
| City                                | State          |  | Zip Code |                   | Date [MM/DD/YYYY] |    | \$ |
| Full Name of Contributing Committee |                |  |          |                   | Date [MM/DD/YYYY] | \$ |    |
| House #                             | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |    |
| City                                | State          |  | Zip Code |                   | Date [MM/DD/YYYY] |    | \$ |
| Full Name of Contributing Committee |                |  |          |                   | Date [MM/DD/YYYY] | \$ |    |
| House #                             | Street Address |  |          | Date [MM/DD/YYYY] |                   | \$ |    |
| City                                | State          |  | Zip Code |                   | Date [MM/DD/YYYY] |    | \$ |

PART D  
**All Other Contributions**

Over \$ 250.00

Use this Part to itemize all other contributions with an aggregate value over \$ 250.00 in the reporting period.  
(Exclude contributions from political committees reported in Part C)

|                              |                   |
|------------------------------|-------------------|
| Filer Identification Number: | Dee for Bethlehem |
|------------------------------|-------------------|

|  |       |  |  |          |                   |    |                   |    |
|--|-------|--|--|----------|-------------------|----|-------------------|----|
| Full Name of Contributor                               |       |  |  |          | Date [MM/DD/YYYY] | \$ |                   |    |
| House #  |       |  |  |          | Street Address    |    | Date [MM/DD/YYYY] | \$ |
| City   | State |  |  | Zip Code | Date [MM/DD/YYYY] |    | \$                |    |
| Employer Name  |       |  |  |          | Occupation        |    |                   |    |
| Employer Mailing Address / Principal Place of Business |       |  |  |          |                   |    |                   |    |
| Full Name of Contributor                               |       |  |  |          | Date [MM/DD/YYYY] | \$ |                   |    |
| House #  |       |  |  |          | Street Address    |    | Date [MM/DD/YYYY] | \$ |
| City   | State |  |  | Zip Code | Date [MM/DD/YYYY] |    | \$                |    |
| Employer Name  |       |  |  |          | Occupation        |    |                   |    |
| Employer Mailing Address / Principal Place of Business |       |  |  |          |                   |    |                   |    |
| Full Name of Contributor                               |       |  |  |          | Date [MM/DD/YYYY] | \$ |                   |    |
| House #  |       |  |  |          | Street Address    |    | Date [MM/DD/YYYY] | \$ |
| City   | State |  |  | Zip Code | Date [MM/DD/YYYY] |    | \$                |    |
| Employer Name  |       |  |  |          | Occupation        |    |                   |    |
| Employer Mailing Address / Principal Place of Business |       |  |  |          |                   |    |                   |    |
| Full Name of Contributor                               |       |  |  |          | Date [MM/DD/YYYY] | \$ |                   |    |
| House #  |       |  |  |          | Street Address    |    | Date [MM/DD/YYYY] | \$ |
| City   | State |  |  | Zip Code | Date [MM/DD/YYYY] |    | \$                |    |
| Employer Name  |       |  |  |          | Occupation        |    |                   |    |
| Employer Mailing Address / Principal Place of Business |       |  |  |          |                   |    |                   |    |

PART E

# Other Receipts

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

|                              |  |
|------------------------------|--|
| Filer Identification Number: |  |
|------------------------------|--|

|                     |                |       |          |  |                   |    |  |
|---------------------|----------------|-------|----------|--|-------------------|----|--|
| Full Name           |                |       |          |  |                   |    |  |
| House #             | Street Address |       |          |  |                   |    |  |
| City                |                | State | Zip Code |  | Date [MM/DD/YYYY] | \$ |  |
| Receipt Description |                |       |          |  |                   |    |  |
| Full Name           |                |       |          |  |                   |    |  |
| House #             | Street Address |       |          |  |                   |    |  |
| City                |                | State | Zip Code |  | Date [MM/DD/YYYY] | \$ |  |
| Receipt Description |                |       |          |  |                   |    |  |
| Full Name           |                |       |          |  |                   |    |  |
| House #             | Street Address |       |          |  |                   |    |  |
| City                |                | State | Zip Code |  | Date [MM/DD/YYYY] | \$ |  |
| Receipt Description |                |       |          |  |                   |    |  |
| Full Name           |                |       |          |  |                   |    |  |
| House #             | Street Address |       |          |  |                   |    |  |
| City                |                | State | Zip Code |  | Date [MM/DD/YYYY] | \$ |  |
| Receipt Description |                |       |          |  |                   |    |  |
| Full Name           |                |       |          |  |                   |    |  |
| House #             | Street Address |       |          |  |                   |    |  |
| City                |                | State | Zip Code |  | Date [MM/DD/YYYY] | \$ |  |
| Receipt Description |                |       |          |  |                   |    |  |
| Full Name           |                |       |          |  |                   |    |  |
| House #             | Street Address |       |          |  |                   |    |  |
| City                |                | State | Zip Code |  | Date [MM/DD/YYYY] | \$ |  |
| Receipt Description |                |       |          |  |                   |    |  |

SCHEDULE II

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD  
 DETAILED SUMMARY PAGE

Filer Identification Number:

|  |
|--|
|  |
|--|

**1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$ 50.00 OR LESS PER CONTRIBUTOR**

|                                |     |    |  |
|--------------------------------|-----|----|--|
| TOTAL for the reporting period | (1) | \$ |  |
|--------------------------------|-----|----|--|

**2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$ 50.01 TO \$ 250.00 (FROM PART F)**

|                                |     |    |  |
|--------------------------------|-----|----|--|
| TOTAL for the reporting period | (2) | \$ |  |
|--------------------------------|-----|----|--|

**3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$ 250.00 (FROM PART G)**

|                                |     |    |  |
|--------------------------------|-----|----|--|
| TOTAL for the reporting period | (3) | \$ |  |
|--------------------------------|-----|----|--|

**TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD** (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)

|    |  |
|----|--|
| \$ |  |
|----|--|

SCHEDULE II  
PART F  
**In-Kind Contributions Received**  
VALUE OF \$ 50.01 TO \$ 250

|                              |  |
|------------------------------|--|
| Filer Identification Number: |  |
|------------------------------|--|

|                             |  |                |  |          |                   |                   |    |
|-----------------------------|--|----------------|--|----------|-------------------|-------------------|----|
| Full Name of Contributor    |  |                |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                     |  | Street Address |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                        |  | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Description of Contribution |  |                |  |          |                   |                   |    |

|                             |  |                |  |          |                   |                   |    |
|-----------------------------|--|----------------|--|----------|-------------------|-------------------|----|
| Full Name of Contributor    |  |                |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                     |  | Street Address |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                        |  | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Description of Contribution |  |                |  |          |                   |                   |    |

|                             |  |                |  |          |                   |                   |    |
|-----------------------------|--|----------------|--|----------|-------------------|-------------------|----|
| Full Name of Contributor    |  |                |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                     |  | Street Address |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                        |  | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Description of Contribution |  |                |  |          |                   |                   |    |

|                             |  |                |  |          |                   |                   |    |
|-----------------------------|--|----------------|--|----------|-------------------|-------------------|----|
| Full Name of Contributor    |  |                |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                     |  | Street Address |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                        |  | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Description of Contribution |  |                |  |          |                   |                   |    |

|                             |  |                |  |          |                   |                   |    |
|-----------------------------|--|----------------|--|----------|-------------------|-------------------|----|
| Full Name of Contributor    |  |                |  |          | Date [MM/DD/YYYY] | \$                |    |
| House #                     |  | Street Address |  |          | Date [MM/DD/YYYY] | \$                |    |
| City                        |  | State          |  | Zip Code |                   | Date [MM/DD/YYYY] | \$ |
| Description of Contribution |  |                |  |          |                   |                   |    |

SCHEDULE II  
Part G  
**In-Kind Contributions Received**  
VALUE OVER \$ 250

|                              |  |
|------------------------------|--|
| Filer Identification Number: |  |
|------------------------------|--|

|  |  |                |  |          |                             |                   |    |
|--|--|----------------|--|----------|-----------------------------|-------------------|----|
| Full Name of Contributor                               |  |                |  |          | Date [MM/DD/YYYY]           | \$                |    |
| House #  |  | Street Address |  |          | Date [MM/DD/YYYY]           | \$                |    |
| City   |  | State          |  | Zip Code |                             | Date [MM/DD/YYYY] | \$ |
| Employer Name  |  |                |  |          | Occupation                  |                   |    |
| Employer Mailing Address / Principal Place of Business |  |                |  |          | Description of Contribution |                   |    |
| Full Name of Contributor                               |  |                |  |          | Date [MM/DD/YYYY]           | \$                |    |
| House #  |  | Street Address |  |          | Date [MM/DD/YYYY]           | \$                |    |
| City   |  | State          |  | Zip Code |                             | Date [MM/DD/YYYY] | \$ |
| Employer Name  |  |                |  |          | Occupation                  |                   |    |
| Employer Mailing Address / Principal Place of Business |  |                |  |          | Description of Contribution |                   |    |
| Full Name of Contributor                               |  |                |  |          | Date [MM/DD/YYYY]           | \$                |    |
| House #  |  | Street Address |  |          | Date [MM/DD/YYYY]           | \$                |    |
| City   |  | State          |  | Zip Code |                             | Date [MM/DD/YYYY] | \$ |
| Employer Name  |  |                |  |          | Occupation                  |                   |    |
| Employer Mailing Address / Principal Place of Business |  |                |  |          | Description of Contribution |                   |    |
| Full Name of Contributor                               |  |                |  |          | Date [MM/DD/YYYY]           | \$                |    |
| House #  |  | Street Address |  |          | Date [MM/DD/YYYY]           | \$                |    |
| City   |  | State          |  | Zip Code |                             | Date [MM/DD/YYYY] | \$ |
| Employer Name  |  |                |  |          | Occupation                  |                   |    |
| Employer Mailing Address / Principal Place of Business |  |                |  |          | Description of Contribution |                   |    |

SCHEDULE III  
Statement of Expenditures

|                                     |                   |
|-------------------------------------|-------------------|
| <b>Filer Identification Number:</b> | Dee for Bethlehem |
|-------------------------------------|-------------------|

|                     |           |                            |              |                 |       |  |    |         |
|---------------------|-----------|----------------------------|--------------|-----------------|-------|--|----|---------|
| <b>To Whom Paid</b> |           | Lehigh Valley Print Center |              |                 |       | <b>Date [MM/DD/YYYY]</b>                       | \$ | 1825.00 |
|                     |           |                            |              |                 |       | 5/6/23   |    |         |
| <b>House #</b>      | 1701      | <b>Street Address</b>      | Union Blvd   |                 |       | <b>Description of Expenditure</b>              |    |         |
| <b>City</b>         | Allentown | <b>State</b>               | PA           | <b>Zip Code</b> | 18109 | Campaign Material Printing & post card postage |    |         |
| <b>To Whom Paid</b> |           | Robodial                   |              |                 |       | <b>Date [MM/DD/YYYY]</b>                       | \$ | 75.00   |
|                     |           |                            |              |                 |       | 5/13/23  |    |         |
| <b>House #</b>      |           | <b>Street Address</b>      |              |                 |       | <b>Description of Expenditure</b>              |    |         |
| <b>City</b>         |           | <b>State</b>               |              | <b>Zip Code</b> |       | GOTV Robo Calls                                |    |         |
| <b>To Whom Paid</b> |           | Wawa                       |              |                 |       | <b>Date [MM/DD/YYYY]</b>                       | \$ | 73.00   |
|                     |           |                            |              |                 |       | 5/9/23   |    |         |
| <b>House #</b>      |           | <b>Street Address</b>      | 8th Ave      |                 |       | <b>Description of Expenditure</b>              |    |         |
| <b>City</b>         | Bethlehem | <b>State</b>               | PA           | <b>Zip Code</b> | 18018 | GAS  |    |         |
| <b>To Whom Paid</b> |           | Bailey Singhas             |              |                 |       | <b>Date [MM/DD/YYYY]</b>                       | \$ | 550.00  |
|                     |           |                            |              |                 |       | 5/18/23  |    |         |
| <b>House #</b>      | 305       | <b>Street Address</b>      | Prospect Ave |                 |       | <b>Description of Expenditure</b>              |    |         |
| <b>City</b>         | Bethlehem | <b>State</b>               | PA           | <b>Zip Code</b> | 18018 | Sign Placement, Lit drops & poll workers       |    |         |
| <b>To Whom Paid</b> |           | Sams Club                  |              |                 |       | <b>Date [MM/DD/YYYY]</b>                       | \$ | 327.00  |
|                     |           |                            |              |                 |       | 5/13/23  |    |         |
| <b>House #</b>      |           | <b>Street Address</b>      | Airport Rd   |                 |       | <b>Description of Expenditure</b>              |    |         |
| <b>City</b>         | Allentown | <b>State</b>               | PA           | <b>Zip Code</b> | 18104 | Water/Snacks and Election Night Party          |    |         |
| <b>To Whom Paid</b> |           | Wawa                       |              |                 |       | <b>Date [MM/DD/YYYY]</b>                       | \$ | 70.00   |
|                     |           |                            |              |                 |       | 5/16/23  |    |         |
| <b>House #</b>      |           | <b>Street Address</b>      | 8th Ave      |                 |       | <b>Description of Expenditure</b>              |    |         |
| <b>City</b>         | Bethlehem | <b>State</b>               | PA           | <b>Zip Code</b> | 18018 | Gas  |    |         |
| <b>To Whom Paid</b> |           |                            |              |                 |       | <b>Date [MM/DD/YYYY]</b>                       | \$ |         |
|                     |           |                            |              |                 |       |  |    |         |
| <b>House #</b>      |           | <b>Street Address</b>      |              |                 |       | <b>Description of Expenditure</b>              |    |         |
| <b>City</b>         |           | <b>State</b>               |              | <b>Zip Code</b> |       |  |    |         |
| <b>To Whom Paid</b> |           |                            |              |                 |       | <b>Date [MM/DD/YYYY]</b>                       | \$ |         |
|                     |           |                            |              |                 |       |  |    |         |
| <b>House #</b>      |           | <b>Street Address</b>      |              |                 |       | <b>Description of Expenditure</b>              |    |         |
| <b>City</b>         |           | <b>State</b>               |              | <b>Zip Code</b> |       |  |    |         |

SCHEDULE IV  
**Statement of Unpaid Debts**

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

|                              |                   |
|------------------------------|-------------------|
| Filer Identification Number: | Dee for Bethlehem |
|------------------------------|-------------------|

|                     |  |                |  |                                    |          |                             |
|---------------------|--|----------------|--|------------------------------------|----------|-----------------------------|
| Name of Creditor    |  |                |  |                                    |          | Outstanding Balance of Debt |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |          | \$                          |
| City                |  |                |  | State                              | Zip Code |                             |
| Description of Debt |  |                |  |                                    |          |                             |

|                     |  |                |  |                                    |          |                             |
|---------------------|--|----------------|--|------------------------------------|----------|-----------------------------|
| Name of Creditor    |  |                |  |                                    |          | Outstanding Balance of Debt |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |          | \$                          |
| City                |  |                |  | State                              | Zip Code |                             |
| Description of Debt |  |                |  |                                    |          |                             |

|                     |  |                |  |                                    |          |                             |
|---------------------|--|----------------|--|------------------------------------|----------|-----------------------------|
| Name of Creditor    |  |                |  |                                    |          | Outstanding Balance of Debt |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |          | \$                          |
| City                |  |                |  | State                              | Zip Code |                             |
| Description of Debt |  |                |  |                                    |          |                             |

|                     |  |                |  |                                    |          |                             |
|---------------------|--|----------------|--|------------------------------------|----------|-----------------------------|
| Name of Creditor    |  |                |  |                                    |          | Outstanding Balance of Debt |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |          | \$                          |
| City                |  |                |  | State                              | Zip Code |                             |
| Description of Debt |  |                |  |                                    |          |                             |

|                     |  |                |  |                                    |          |                             |
|---------------------|--|----------------|--|------------------------------------|----------|-----------------------------|
| Name of Creditor    |  |                |  |                                    |          | Outstanding Balance of Debt |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |          | \$                          |
| City                |  |                |  | State                              | Zip Code |                             |
| Description of Debt |  |                |  |                                    |          |                             |

|                     |  |                |  |                                    |          |                             |
|---------------------|--|----------------|--|------------------------------------|----------|-----------------------------|
| Name of Creditor    |  |                |  |                                    |          | Outstanding Balance of Debt |
| House #             |  | Street Address |  | DATE DEBT INCURRED<br>[MM/DD/YYYY] |          | \$                          |
| City                |  |                |  | State                              | Zip Code |                             |
| Description of Debt |  |                |  |                                    |          |                             |